

FCM Cost Recovery Program Indication of Interest



55 Water Street
20th Floor
New York, NY 10041
FuturesSales@FMX.com

FCM Cost Recovery Program Indication of Interest

- 1. Name of US FCM Entity: _____
- 2. Contact Name: _____
- 3. Contact Title: _____
- 4. Contact Email: _____
- 5. Contact Phone #: _____
- 6. Name of FCM Officer Making Attestations: _____

The undersigned attests that the FCM will meet the below criteria:

- 7. The FCM reasonably expects to be ready to offer execution services on FMX and clearing services at LCH Limited by the FMX Deadline Date, which shall be no sooner than December 31, 2026:
 Yes No
- 8. The FCM reasonably expects to fund the LCH Listed Rates Default Fund of up to 3.4m GBP by the FMX Intended Date, which shall be no sooner than December 31, 2026:
 Yes No

Name of FCM

Signature of Officer

Print Officer's Name and Title

The Indication of Interest must be submitted to FuturesSales@FMX.com to be considered for the program.